MEDICAL MISSIONARY

spring 1969

medical
missionary

spring ■ 1969

Medical Mission Sisters have been overwhelmed with opportunities since the first day of their existence. A Society that concerns itself with the promotion and preservation of the health of peoples living in medically deprived areas of the world must continually grapple with rapidly changing patterns in developing countries, be aware of professional advances, be ready to adapt new methods, pioneer in new fields and be sensitive to the felt needs of individual peoples.

During the past year new thinking with regard to our apostolate sparked by our 1967 General Chapter has challenged the initiative of Sisters around the world. In every place the Sisters are spending time and energy exploring cooperative programs either joining together with neighboring hospitals, entering into partnership with government or instigating a total community response to a particular area health problem. They are trying to seek new resources, to cope with new health problems, with planning geared to a recognition of the "real" situation that influences the welfare of people.

In places where a population acknowledges its need for medical care, we have expanded to provide for these needs. In other areas measures have been taken to arouse among the people an interest in good health, what it means and how to achieve and preserve it. The sick come to us in ever increasing numbers and we are going in search of them. Hospitals send teams to probe the villages and investigate the root cause of the illnesses that incapacitate a whole group. Sisters are concerned with the responsibility to provide professional talent to nations whose need for qualified medical and paramedical personnel is acute. Dramatic changes are necessary in some of our establishments, while others are preoccupied with the day to day activities for the sick that have kept them more than busy for years.

In this issue of MEDICAL MISSIONARY we have tried to give you just a glimpse of the work we are doing, the trend we are taking, the desires we have to manifest effective concern for our world. Even the glimpse will give an indication of the difficulties that we face. Our Society operates in a diversity of environments in many different cultures among many nationalities within the framework of a demanding, expanding, scientific profession. Our responsibilities as well as our opportunities are growing. There are problems to be faced each day. We hope to solve today's and be ready for those of the future as we strive to carry out our Gospel task to bring healing to a world that longs for it.

For Medical Mission Sisters it is a task that is well worth the gift of one's life.

The Medical Missionary is published quarterly with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: 1 Yr. $2.00; 2 Yrs. $3.00. 2nd Class postage paid at Philadelphia, Pa. Form 3579 Medical Mission Sisters, Philadelphia, Pa. 19111

Make health so important to people that they want to do something about it.

■ Mansao is a village in Ghana. Eager for the medical services of the Sisters, the Chief, his councillors and the villagers built a clinic, then organized an auction of farm produce to raise money to buy equipment. The road to the clinic was graded free of charge by the State Construction Cooperation, and the District Medical Officer made what donation he could. The grand opening was attended by people from all the surrounding villages. Now Mansao is visited regularly by the mobile health unit of Holy Family Hospital, Techiman. To implement visits to their own villages, other local chiefs are preparing to build simple, permanent health clinic buildings too.

Develop insight and understanding so that people make right choices and decisions about health matters.

Pakistani children.

■ Gastroenteritis is the leading cause of infant deaths in Karachi, West Pakistan. Its incidence is high because the basic principles of infant and child care are not generally understood. Doctors state that approximately 95% of the cases of gastroenteritis in bottle-fed babies is due to contaminated milk. In September of 1967, Holy Family Hospital inaugurated a free Child Health Clinic to help eradicate the root cause of these preventable deaths. The clinic's main service is teaching. Mothers learn to make formula in the proper way, and receive instruction in the importance of immunization and the how-to of accident prevention and child development.

■ Public health programs are the main thrust of our work in the Philippine Island of Sulu. Some 250 islands with a population of 128,000 are desperately in need of medical care. There is no city in the area. Bongao—home base for our public health team—is the commercial center. The nearest hospital is 17 hours away by boat.

■ In Nangina, Kenya, Medical Mission Sisters operate a busy, rural, 60-bed hospital for nearly 30,000 tribesmen in a relatively isolated area. Low socio-economic status of the population and a limited supply of high nutrition foods have led to a dramatically high incidence of kwashiorkor, a vitamin deficiency disease rampant in young children. Kwashiorkor is 100% preventable and curable. To wipe out the disease, it is imperative that preventive medicine in Nangina take the form of educating farmers in the production and use of high protein food supplements, and promotion of immunization programs. Holy Family Hospital already operates a pre-school clinic to distribute high protein foods and vaccines. In the near future, the Sisters will send out mobile health teams into the bush to bring public health education to the people.

■ There is no Catholic hospital in Ethiopia. In 1967, Medical Mission Sisters came to the city of Atat to evaluate a request for medical help. The nearest hospital to Atat is in the capital city of Addis Ababa, 100 miles away. Nearly 800,000 people living between the cities of Addis and Atat are without medical care. No doctor or nurse has been to this region. 50% of the country's population suffers from malnutrition. People lack knowledge of even elementary hygiene. After careful consideration, the Sisters determined that public health work would be the form of service that would best penetrate the staggering need. Six sisters are now at work in Ethiopia.

. . . particularly when the pioneering element is involved.

Public health work in Kenya.

Sister Lina visits a Badjaw houseboat in Bongao.

Participate in the health aspect of community development . . .

■ Community development is the key word of our medical plan in developing nations. Nearly every hospital Medical Mission Sisters operate is striving to incorporate itself into the local community's problems and programs. There is a growing identification with the people and their needs as they see them.

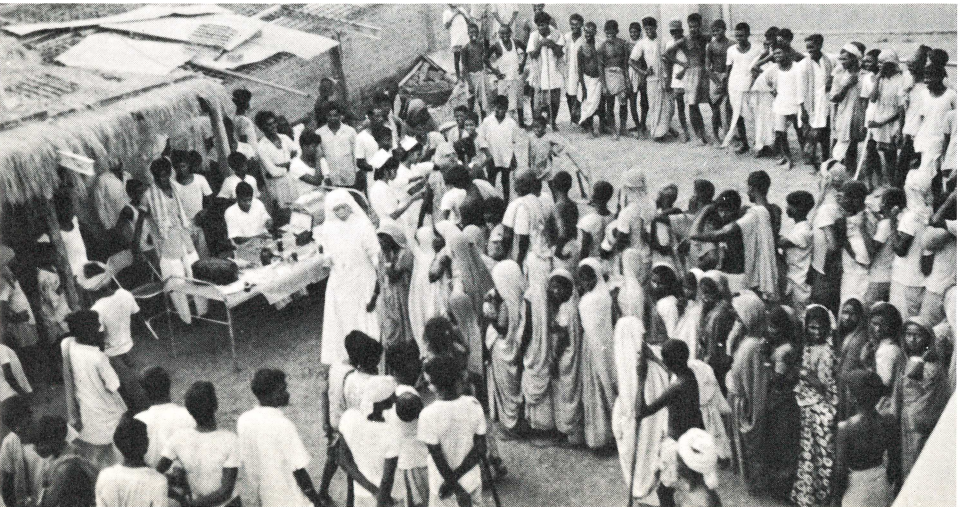
Efforts at basic health instruction take Sister Carmela Canlas right into the villages around Patna, India. Holy Family Hospital, Mandar, has outlined a program that will provide for health education in 27 Indian villages. A new commitment to health education has extended the efforts of Coromoto Hospital in Maracaibo, Venezuela, into the barrios around the hospital. Local doctors and their wives have formed a social service work team as part of a home care program.

Two Sisters are studying for their public health degrees in non-Western cultures to better prepare them for public health problems in developing nations. Four Sisters are taking community development courses at the Coady International Institute in Nova Scotia. Later this year they will bring their knowledge and skills to India, Pakistan and Latin America.

In Ghana, Uganda, Pakistan, Indonesia—everywhere we serve—the accent today is on preventive medicine and comprehensive care.

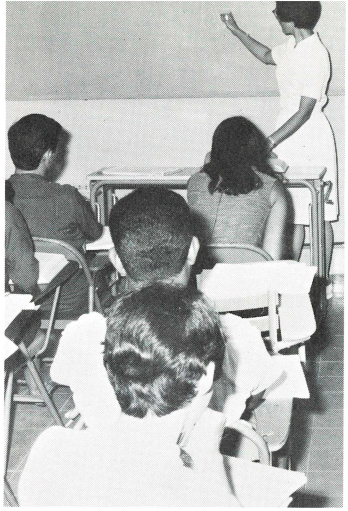
. . . activate public health programs around our hospitals.

Sisters Anton Preibis and Mary Ann Amann visit homes in Maracaibo, Venezuela.

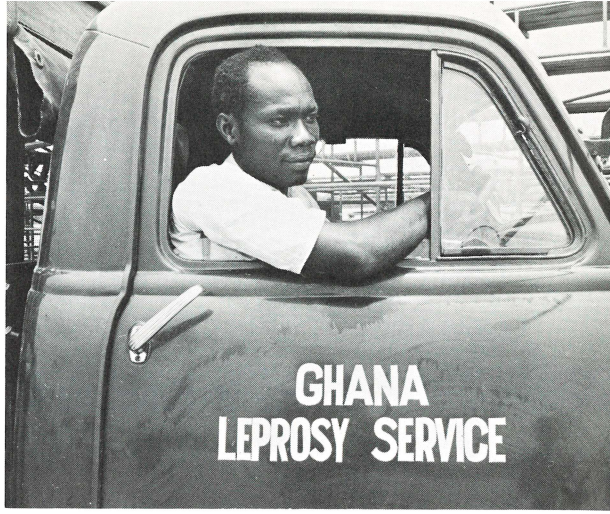


Public health work in India.

Integrate the project into the general medico-, socio-economic overall planning of the country . . . Obtain the approval and cooperation of both Church and government.



Sister Patricia Gootee diagrams the lesson at Zulia University nursing class.



■ University of Karachi students are doing their practical training at Holy Family Hospital . . . Sister Ella Stewart represents Catholic nurses at the Board meetings of the Trained Nurses Association of India . . . Sister Teresita Hinnegan, R.N., has received permission from the Society and from the Pakistan Nursing Council to apply for a position in a government hospital . . . The local government counts on our hospital in Solo, Java, Indonesia as a village work center . . . Public health efforts in Patna, India, have been integrated into the regional government plan. The government X-ray mobile unit for TB detection has been given to the Sisters for their village trips . . . Medical Mission Sisters currently supervise medical care at the government leprosarium in Pare-Pare, Celebes, Indonesia . . . have staffed and administrated two government hospitals in the Congo for 11 years . . . have directed the pioneering of Venezuela's first Degree Nursing Program at the University of Zulia.

The government leprosarium in Kokofu, Ghana, has been staffed and operated by Medical Mission Sisters since 1956. The Sisters play an important role in the Ghana Leprosy Service which provides treatment both on an in-patient and out-patient basis for the entire country . . . Holy Family Hospital, New Delhi, has a contract with the Indian government to give obstetrical care to the wives of men in government service . . . Holy Family Hospital, Berekum, is training midwives for Ghana and has recently received a government grant for its nursing school . . . Health ministers in many areas assure us that our private hospitals form an essential part of the national thrust toward better health, especially when they offer facilities not available in other hospitals of the region, and the opportunity for training local people in medical professions.

■ Representatives of both Catholic and Protestant churches met recently at a conference in Bangalore to discuss Christian medical work in India. The conference was guided by Mr. James McGilvray, Director of the Medical Commission of the World Council of Churches. Two of the 25 participants were Mr. Thomas Rooney, Administrator of our Holy Family Hospital, New Delhi, and Sister Carol Huss, Administrator of Holy Family Hospital in Patna.

Close cooperation with government aims was given top priority by the group. In order to contribute more effectively to government goals in the community health field, it was unanimously agreed to form an organization that would permit more efficient utilization of health facilities and resources associated with church-affiliated groups.

To make the Coordinating Board for Christian Health Services in India a reality, a permanent secretariat was authorized to be formed with an office in New Delhi. It will consist of both Catholic and Protestant personnel selected for their expertise in hospital administration, leadership, public relations, social science, finance and general administrative organizing ability. Mr. Thomas Rooney was appointed one of two interim coordinators. Sister Carol Huss was one of four people selected to form an interim guidance committee.

Among the organization's immediate goals: to coordinate all Christian medical work in India without regard to denominational and ecclesiastical identity; to develop a comprehensive health program as it applies to the Indian community; to request that all churches and missions related to medical programs in India effect an indigenous leadership in these institutions within five years. An important function of the new coordinating board will be the processing of all applications for financial aid in order to assure funding agencies abroad that the highest priority in capital investment will be given to those institutions which lend themselves to integration in community health services.

It was decided that the new organization would be of Indian leadership. In the interim, allowance was made for the inclusion of expatriate persons to train a staff of Indian nationals. Already the Coordinating Board for Christian Health Services in India is exploring the possibilities for joint activities with Christian health agencies in neighboring Nepal, Sikkim and Bhutan.

FACTS & FIGURES in our MEDICAL MISSION WORLD

■ Our Society presently numbers *777 Sisters.* This statistic includes 52 doctors, 318 nurses, 44 pharmacists, 40 laboratory technicians, 16 X-ray technicians, and a variety of other professions including physiotherapists, bookkeepers, secretaries, administrators, social workers, dieticians and journalists.

■ In 1969, Holy Family Hospital, Karachi, will open a new *physiotherapy* department, introducing the area to the use of hydrotherapy. Water therapy in the form of whirlpools is extremely effective in burn cases, which are common here.

■ Our *first African candidate* has joined the Society and is now in training in India.

■ Sister Margaret McKenna and Sister Jane Burns are studying Scripture at the Ecole Biblique in *Jerusalem.*

■ In *England,* Medical Mission Sisters have decided to consolidate forces. The South Shields house has been closed and headquarters have been moved to Osterley.

■ The Governments of West Germany and the Netherlands, OXFAM (England), and USAID have given grants to our international projects.

■ Our 40-year history and documentary book, IF IT MATTERS, and our publication, MEDICAL MISSIONARY, won *Best of the Year* Gold Medal Awards at the Annual Printing Week Exhibit in Philadelphia in January.

■ Coromoto Hospital in Maracaibo, Venezuela, has built a *landing pad* for helicopters near the hospital to enable patients from distant places to use the city's helicopter pilot service.

■ After one year of collegial government, the central governing body of the Society—the Central Administrative Assembly—met in India last July to *reaffirm* the new Constitution.

■ The ability to meet expenses while extending considerable free care in many of our hospitals is due in large part to the free services of the Sisters and the *free drugs* supplied from the home countries.

■ The *first Pakistani* Medical Mission Sister, Sister Philomena Faria, came to the U.S. for part of her formation program and will return to her country in 1969.

■ The possibilities of *pilot projects* for on-location formation and cultural orientation for candidates to our Society are being investigated in Dacca, East Pakistan; Ghana, West Africa; and Malawi, Central Africa.

■ At the request of Halie Selassie, *Emperor of Ethiopia,* Sister Lucie Stephan took a position in the Emperor's household. Sister teaches German to the Emperor's grandchildren and is learning Amharic from the royal staff.

■ Death claimed the lives of three Medical Mission Sisters *in 1968:* Sister Constance Zimmerman in Patna, India; Sister Bernadette van der Valk at Imstenrade in Holland; and Sister Helen Herb in Los Altos, California. We pray that these Sisters may go on living in those they loved and served, and that their life-gift may be of lasting benefit to the world.

. . . particularly those working in the same field.

■ An organization similar to the one now forming in India has been in existence in Malawi, Central Africa, since 1966. Sister Martha van Marissing is one of two coordinators of the Private Hospital Association of Malawi (PHAM), the official liaison between all mission medical institutions and the government of Malawi, and between these institutions and organizations from abroad. Recently PHAM initiated a "good neighbor supervision" among the medical missions in Malawi whereby larger hospitals look after and help smaller units, regardless of denomination.

■ Sister Margaret Mary van Agtmael has just completed a tour of all Christian medical institutions in West Pakistan for the Pakistan Medical Association. Her survey results will aid in future cooperative planning and joint policy making.

■ The Christian Medical Commission of the World Council of Churches in Geneva has established permanent liaison with the international organization of missionary communities known as SEDOS. By means of a "medical secretary," these organizations will pool information and study common policies in medical activities all over the world. Sister Annemaria de Vreede, assistant Superior General of our Society, has been appointed medical secretary by SEDOS in Rome and will function as liaison between both groups.

■ In November of 1968 the Medical Mission Sisters became the first Catholic organization to formally affiliate itself with the Division of Overseas Ministries of the National Council of Churches in America.

Result in real development, not just give temporary aid.

■ Patna is a teeming city in the hard luck state of Bihar, where floods and famine threaten the population annually. Holy Family Hospital is a 250-bed institution in its midst. The hospital can expect full occupancy of in-patients at all times and large, daily out-patient clinics. In addition to the usual services, there is an expanding Public Health Department, a Department of Dental Hygiene, a School Health Program, a special section for tuberculosis patients, a Housing Loan Program, and credit unions. The hospital also sponsors various weeks to alert the public to the causes, complications and prevention of disease.

A newly-opened Family Life Center makes available to the people panels of consultants such as doctors, lawyers, psychiatrists, psychologists, and sociologists. The Center aims to promote effective and wholesome relationships in marriage and family life through counselling, child guidance programs, visiting families in their homes, sex education in schools, and instruction in first aid, home nursing and home management. It would be hard to estimate the ways in which Holy Family Hospital, Patna, reaches out to the population of this city. Similar institutions established by Medical Mission Sisters in various countries are attempting to do the same.

Sister Carmela Canlas and student nurse conduct a health class in Patna.

Have the work take root among the people for whom it exists.

(top) Eye clinic in Patna.

(bottom) Male nurse at Pendzwa in the Congo.

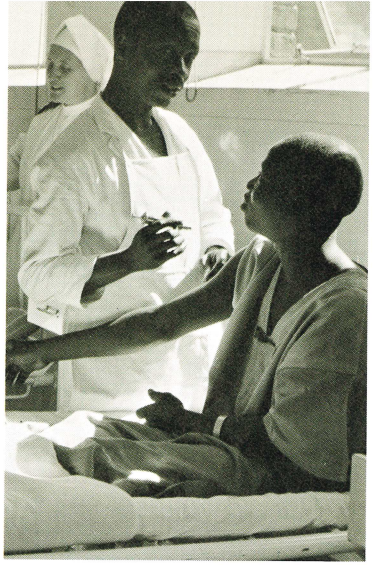
■ The eye clinic to which Doctor William Caccamise of Rochester, New York, gave impetus in 1951 has become a permanent department at our Patna hospital. At great personal sacrifice, Doctor Caccamise travelled to India periodically during the past 17 years to treat eye diseases and to perform countless corneal transplants. Now two Indian eye specialists who gained experience under Doctor Caccamise are continuing this work.

■ Male nurses who graduate from our Pendzwa training school are making a vital contribution to the Congo nation. Trained under rather primitive conditions, our students are the only nurses who want to work in this bush area. They consider it an honor to be consulted by people of the surrounding villages, and are quite capable of assuming responsibility in lonely bush dispensaries. Graduates of more sophisticated schools prefer to work in the cities, particularly the capital city of Kinshasa. Our special contribution here is to prepare more nurses for the vast bush districts of the Congo.

■ A new kind of participative management is in effect in Coromoto Hospital, Maracaibo, Venezuela. Departments have been grouped together into units according to functions. Supervisors of departments within each unit elect a unit representative who attends periodic meetings together with other unit representatives and the hospital administrator. This group of representatives is kept informed of all significant procedures and participates very closely in the coordination of the hospital. Unit representatives try to settle departmental problems on the lower level, referring to the administrator only those situations they cannot settle themselves. This team approach to hospital administration is due to the efforts of Sister Carol Bilsborough, the administrator.

Mr. Sylvester Gulfom supervises the maintenance department at Holy Family Hospital, Rawalpindi, West Pakistan.

Prepare them to carry it on . . .



Male nurse in Welkom, South Africa.

Sister Rita Mary Brady proctors an exam for student nurses in Rawalpindi, W. Pakistan.

■ Treating and training have always spearheaded our service to developing nations. Wherever we go, our aim is to establish training programs for nurses, midwives, laboratory and pharmacy assistants, X-ray technicians, and other related fields.

A training program for African male nurses, State Registration, has been initiated in Welkom, South Africa . . . Our Uganda hospital graduated its first two assistant radiographers. Its nursing school is the only one in all of Western Uganda . . . In-service training programs in all departments are projected by the Sister-staff of Holy Family Hospital, Dacca, East Pakistan . . . Patna Holy Family nursing students took three firsts in the nursing examinations for the State of Bihar, India . . . Our Pendzwa hospital in the Congo has the only paramedical training program in the area . . . Our Karachi, West Pakistan, hospital offers a Domicilliary Midwifery Service to prepare trained experts in the field of midwifery, a growing profession in a country where there is an acute shortage of doctors and where home deliveries are common.

Training programs at Holy Family Hospital, New Delhi, India, include a 6-month internship for doctors and a one-year residency in medicine, both approved by Delhi University . . . Our hospital in Rawalpindi, West Pakistan, had 45 applications for its laboratory technicians' training course last year. When the program was first offered in 1959, two boys applied. One of the few training centers for boys in West Pakistan, the present class has students from villages as distant as the Sind Desert and Peshawar in the Northwest Frontier. Two Pakistani graduates now supervise the clinical work.

. . . and eventually take it over . . . Have the local people take over the management and operation of our institutions as soon as they are able . . . and make the Sisters available for other projects of similar nature.

- 1968 marked a steady Africanization of supervisory positions in our work in Malawi, Central Africa.

- In September (1968), Doctor Sorab Minwalla, F.R.C.S., was appointed the first lay medical director of Holy Family Hospital, Karachi, West Pakistan.

- The X-ray and laboratory departments at our Fort Portal, Uganda, hospital have been turned over to Africans trained in the hospital.

- The management and control of Holy Family Hospital, Atlanta, USA, has been turned over to a lay Board of Trustees. A core group of Sisters are part of the hospital staff.

- Holy Family Hospital, Kodarma, India, is now staffed by Sisters of indigenous Religious congregations. Medical Mission Sisters have moved on to work in other areas.

Doctors on the staff of Holy Family Hospital, Rawalpindi, W. Pakistan. (Top row, second and third from left) : Sisters Erika Voss and Mary Louise Gray.

Evaluate existing projects at regular intervals.

Determine the effectiveness of the project with regard to the purpose for which it was initiated.

Determine present needs or new patterns of health care evolving in the country that may require adaptation of our work or other methods.

Discontinue works in areas where medical needs have been alleviated by other institutions . . . and the situation has changed from the time of opening the work.

■ Our new governmental structure allows for an annual evaluation of the effectiveness of our works. This built-in system whereby we constantly assess values and establish priorities keeps us alert to the needs of developing nations and our ability to meet these needs. At a recent meeting of the Central Administrative Assembly of the Society, directives were established so that some of the community's hospitals would be given over to the local people in areas where the people were ready to assume full responsibility for the work. It was also decided that several of our institutions would eventually be phased out.

■ Holy Family Hospital, Caripito, Venezuela, has been given over to the government.

■ Because there is a government hospital in the area, our hospital in Mymensingh, East Pakistan, has been closed.

■ Our hospital in Thuruthipuram, South India, was given over to a local religious congregation last July.

Encourage and support Sisters who want to experiment with new forms of medical mission work.

(top) Guatamala

Sister Miriam Therese (right) and members of her singing group.

■ Sister Karen Gossman is directing the Vietnam Assistance Program, established by the U.S. Bishops in cooperation with the U.S. and Vietnam governments. Sister is working full time to recruit medical personnel to work in the civilian hospitals in Vietnam.

■ Sister Margaret Anne Schmid, the first and only Medical Mission Sister in Central America, is helping to establish the Instituto Centroamericano de Mercadotecnia de Alimentos in Guatemala. At the request of the Food Marketing Academy in Philadelphia, Sister is setting up a nutrition course on a university level to prepare professionals in this field.

■ Sister Miriam Therese Winter continues to write and sing her scripture songs of healing and hope for a variety of audiences in the United States. Cited by the American Society of Composers, Authors and Publishers for the 37 songs and Folk Mass on the community's four record albums, she was named to ASCAP's Popular Awards List for 1968-69.

Public health team in Surakarta, Indonesia.

■ Sister Elly Verrijt has just completed an orientation period at the headquarters of the Food and Agriculture Organization of the United Nations in Rome. Sister chose to spend some time at FAO as preparation for her role as Rural Home Economist in a multi-disciplinary, ecumenical team for community development in the villages around Surakarta, East-Java, Indonesia.

■ Sister Kay Kukowski has been working under the auspices of the Institute for Cancer Research in Philadelphia for the past year. In January she left for New Delhi, India, where she will conduct a research project on hepatitis.

Editor: Sister Miriam Therese Winter
Contributing Editors: Sister Mary Louise Lynch, Sister Donna Dean
Art Director: Sister Victoria Connelly

Photo credits: p. 5 (CARE); p. 16 (United States Information Service); p. 21 (WHO).

Cover photo: Work of young Congolese artists. Art Academy. Leopoldville, Congo, Central Africa. (Photo: Peter Mulder)

Quotes in upper corner of each page taken from Decisions of the Chapter (1967).

Coming next issue: The work of the Medical Mission Sisters in Malawi (Central Africa).

WILL POWER

WILL POWER
WILL POWER

A Will is a powerful document. It speaks for the one who leaves it.

Your contribution, large or small, will accomplish a wealth of good through the work of the Medical Mission Sisters.

They serve, train, heal in hospitals, leprosaria, dispensaries, mobile clinics and training centers around the world.

Your gift can be in the form of a Living Trust now, or as a bequest of life insurance, cash, securities, real estate or other forms as well.

OUR LEGAL NAME IS: THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC.

Your bequest, legacy, gift is tax deductible.

☐ I want to share in the prevention and relief of suffering around the world. I am including the Medical Mission Sisters in my will. $_____

☐ Realizing the great need, I want to begin my help immediately with the enclosed contribution. $_____

☐ Please send me more information about the Medical Mission Sisters.

MEDICAL MISSION SISTERS, 8400 Pine Road, Philadelphia, Pa. 19111. Phone: 215-PI 2-6100

Name_____

Address_____

City_____ State_____ Zip_____

☐ I ask that you pray for me and my loved ones.

☐ I want to share in the prevention and relief of suffering around the world. I am including the Medical Mission Sisters in my will. $_____

☐ Realizing the great need, I want to begin my help immediately with the enclosed contribution. $_____

☐ Please send me more information about the Medical Mission Sisters.

MEDICAL MISSION SISTERS, 8400 Pine Road, Philadelphia, Pa. 19111. Phone: 215-PI 2-6100

Name_____

Address_____

City_____ State_____ Zip_____

☐ I ask that you pray for me and my loved ones.

MEDICAL MISSION SISTERS in:
Rawalpindi, West Pakistan
Karachi, West Pakistan
Dacca, East Pakistan
New Delhi, India
Patna, India
Mandar, India
Bombay, India
Poona, India
Bharananganam, Kerala, India
Chetipuza, Kerala, India
Mundakayam, Kerala, India
Ithithanam, Kerala, India
Kottayam, Kerala, India
Berekum, Ghana, W. Africa
Techiman, Ghana, W. Africa
Kokofu, Ghana, W. Africa
Fort Portal, Uganda, E. Africa
Atat, Ethiopia, E. Africa
Nangina, Kenya, E. Africa
Phalombe, Malawi, Cent. Africa
Blantyre, Malawi, Cent. Africa
Kasina, Malawi, Cent. Africa
Inongo, Congo, Cent. Africa
Kiri, Congo, Cent. Africa
Pendzwa, Congo, Cent. Africa
Welkom, OFS, South Africa
Amman, Jordan
Quinhon, South Vietnam
Jakarta, Indonesia
Makassar, Sulawesi, Indonesia
Solo, Djawa, Indonesia
Pare-Pare, Sulawesi, Indonesia
Bongao, Sulu, Philippines
Lipa City, Philippines
Quezon City, Philippines
Imstenrade, Simpelveld, Holland
Utrecht, Holland
Rome, Italy
Osterley, England
Essen, Germany
Maracaibo, Venezuela
Atlanta, Georgia, USA
Santa Fe, New Mexico, USA
Washington, D.C., USA
St. Louis, Missouri, USA
Los Altos, California, USA
Philadelphia, Pennsylvania, USA